

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CAU-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Commercial Automobile

SERFF Tr Num: AOIC-125355414

State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: CAU-AR-99-11/16/2007-89023

State Status: Fees received

Filing Type: Form

Co Status: In Progress

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Sue Holben, Claudia
Stewart, Autumn Whitson

Disposition Date: 11/19/2007

Date Submitted: 11/15/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 12/16/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
12/16/2007

General Information

Project Name: CAU

Status of Filing in Domicile: Not Filed

Project Number: 89023

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/19/2007

State Status Changed: 11/15/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after December 16, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SERFF Tracking Number:	AOIC-125355414	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CAU-AR-99-11/16/2007-89023		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	CAU/89023		

KAREN TABOR, CPCU, AU, AIS, MANAGER
 COMMERCIAL AUTOMOBILE UNDERWRITING
 TABOR.KAREN@AOINS.COM (emails without attachments)
 commlinesund@aoins.net (emails with attachments)
 (517) 323-1421 Ext. 1421
 Underwriter:
 TAYLOR AAPALA
 AAPALA.TAYLOR@AOINS.COM
 (517) 886-1822

Company and Contact

Filing Contact Information

Karen Tabor, Manager	tabor.karen@aoins.com
PO Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CAU-AR-99-11/16/2007-89023</i>		
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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		
Retaliatory?	No		
Fee Explanation:	\$50.00 per filing		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CAU-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	11/15/2007	16661330
Owners Insurance Company	\$0.00	11/15/2007	

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2007	11/19/2007

SERFF Tracking Number:	AOIC-125355414	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CAU-AR-99-11/16/2007-89023		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	CAU/89023		

Disposition

Disposition Date: 11/19/2007
Effective Date (New): 12/16/2007
Effective Date (Renewal): 12/16/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	AOIC-125355414	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CAU-AR-99-11/16/2007-89023		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	CAU/89023		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Air Bag Replacement Coverage Endorsement	Approved	Yes
Form	Waiver of Glass Deductible for Repair	Approved	Yes
Form	Waiver of Deductible - Glass Damage	Approved	Yes

SERFF Tracking Number:	AOIC-125355414	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	CAU-AR-99-11/16/2007-89023		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Commercial Automobile		
Project Name/Number:	CAU/89023		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Air Bag Replacement Coverage Endorsement	89023	07-06	Endorsement New nt/Amendment/Conditions		40.70	89023 (7-06).pdf
Approved	Waiver of Glass Deductible for Repair	89024	07-06	Policy/Coverage New Form		40.80	89024 (7-06).pdf
Approved	Waiver of Deductible - Glass Damage	79730	07-06	Policy/Coverage Replaced Form	Replaced Form #: 79730 (07-97) Previous Filing #:	51.80	79730 (7-06).pdf

AIR BAG REPLACEMENT COVERAGE ENDORSEMENT
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 3. COVERAGE EXTENSIONS**, the following coverage extension is added:

Air Bag Replacement Coverage

If your automobile is a private passenger automobile, we will extend the Comprehensive Coverage that applies to your automobile for the replacement of the air bag when it inflates without your automobile having been involved in a Comprehensive or Collision loss.

All other policy terms and conditions apply.

WAIVER OF GLASS DEDUCTIBLE FOR REPAIR

Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES, c. Comprehensive Coverage**, the following provision is added:

*A deductible stated in the Declarations for Comprehensive Coverage does not apply to the repair of safety or laminated glass contained within the windshield, rear window, a door window or any other side window of **your automobile**, provided both **you** and **we** agree to the repair.*

The provisions of this endorsement do not apply to:

- (1) any light or any component of any light of your **automobile**;
- (2) sunroofs of any type;
- (3) removable roof panels of any type; or
- (4) mirrors of any type.

All other policy terms and conditions apply.

WAIVER OF DEDUCTIBLE - GLASS DAMAGE
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES, c. Comprehensive Coverage**, the following provision is added:

A Comprehensive Coverage deductible stated in the Declarations does not apply to the replacement of glass, laminated glass or safety glass contained in the windshield, rear window, a door window or any other side window **of your automobile** as a result of a covered loss or damage.

The provisions of this endorsement do not apply to:

1. any light or any component of any light of **your automobile**;
2. sunroofs of any type;
3. removeable roof panels of any type; or
4. mirrors of any type.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CAU-AR-99-11/16/2007-89023</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125355414</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89023</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/19/2007
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Comments:

Attachment:

89023 transmittal CAU.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr><td colspan="2">h. Subject Codes</td></tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number PPAAR21116200789023

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Karen Tabor, CPCU, AU, AIS, Manager P.O. Box 30660 Lansing, MI 48909-8160	(517) 323-1421 800-346-0346 Ext. 1421	(517) 391-1903	TABOR.KAREN@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Karen Tabor, CPCU, AU, AIS

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0000 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Commercial Automobile
13. Filing Type	FORM
14. Effective Dates(s) Requested	December 16, 2007
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	November 16, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	PPAAR21116200789023
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after December 16, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

KAREN TABOR, CPCU, AU, AIS, MANAGER
 COMMERCIAL AUTOMOBILE UNDERWRITING
 TABOR.KAREN@AOINS.COM (emails without attachments)
 commlinesund@aoins.net (emails with attachments)
 (517) 323-1421 Ext. 1421

Underwriter:

TAYLOR AAPALA
 AAPALA.TAYLOR@AOINS.COM
 (517) 886-1822

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULEThis form must be provided **ONLY** when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	PPAAR21116200789023			
2.	This filing corresponds to rate/rule filing number				
3.	Component/Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
1	Air Bag Replacement Coverage Endorsement	89023 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Waiver of Deductible - Glass Damage	79730 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Waiver of Glass Deductible for Repair	89024 (07-06)	<input checked="checked" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3